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RESEARCH NOTE/NOTE DE RECHERCHE

THE DEVELOPMENT OF THE OFFICE OF A PERMANENT MEDICAL HEALTH OFFICER FOR ST JOHN'S, NEWFOUNDLAND, 1826-1905

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Until 1905, when the St John's Municipal Council agreed to pay part of the salary of a permanent medical health officer for the town, public health in St John's was the exclusive responsibility of the Newfoundland Government, as it had been since the establishment of a colonial legislature in 1832. Until 1888 the legislature had, in fact, been responsible for all the services that in other jurisdictions a municipal government might have provided to St John's residents. In that year, however, the colony, in order to undertake an expensive sewerage system and other costly street improvements, was forced to impose a limited form of self-rule on the town. The Council elected in that year received authority over the water supply, streets, sewers, the fire brigade and building regulations. Public health remained under the authority of the legislature. In the following year, the Council did consider taking over the functions of the *ad hoc* Boards of Health the government appointed from time to time to protect St John's whenever a contagious disease threatened to spread to the town from infected overseas ports. However, the Council shied away from this course of action for reasons of economy. With limited revenue available to it, Council was quite willing to let the colonial government control that for which it was prepared to pay.¹

Unlike many other cities in British North America, the fortunes of St John's - and, indeed, those of the colonial government itself throughout the nineteenth century - rose and fell with one industry: the products of the annual fishery of the Island. Despite its importance as the seat of government and, until 1870, as a garrison town, St John's owed its preeminent position economically as the commercial entrepot for the fisheries. A succession of bad fisheries invariably meant economic depression in the town, which, in turn, frequently resulted in both bankruptcy for the merchant and emigration to the North American mainland for fishermen and labourers. Such a precarious economic system naturally made it difficult for St John's to establish a broad taxation base for the maintenance of local institutions, especially with the wealth of the town concentrated in the small, mercantile and shopkeeping portion of the population. Under these circumstances, the ability of the community to afford and provide local services and improvements before 1888 rested, to a great extent, on the willingness of the colonial government to pay

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for them.² Its ability to pay, in turn, depended on the size of the colonial revenue which was derived from an indirect system of taxation by means of a revenue tariff. Under this system, the amount of revenue accruing to the treasury each year generally depended on the amount of goods imported by the Water Street merchants.³

It is against this background of periodic depression in the Newfoundland fishery and limited funds in the colonial treasury that the urban and municipal development of St John's, which differed greatly from that of other British North American towns and cities, must be viewed. Thus, throughout the nineteenth century, the colonial government had an active administrative and financial role in public health matters in St John's. Before the establishment of a Newfoundland legislature in 1832, successive governors had used the colonial revenue to provide medical services to residents of St John's. During the 1820s, for instance, the public grants for poor relief and medical assistance to the sick poor generally equalled the amounts the residents were able to raise themselves, as a rule the whole being dispensed through the local charities.⁴ Again, in 1826 Governor Sir Thomas Cochrane appointed a salaried public officer, known as the district surgeon, to attend to the sick poor and government-supported paupers and lunatics in the St John's Hospital and in the town and nearby outports. As part of his responsibilities, the district surgeon provided medicine free of charge to needy persons with communicable diseases endemic to St John's: measles, typhus, diarrhoea, consumption and smallpox for instance.⁵ In response to the widespread distress in the early 1850s caused by poor fisheries, the number of district surgeons was increased in 1856 to four by the Liberal Government of Prime Minister Philip Little, which had won the election the previous year, the first to be held under the responsible system of government instituted earlier in the year.⁶ The salaries paid the district surgeons were small despite their public duties; consequently, the district surgeons concentrated most of their efforts on their private practices.

The services of the district surgeons were available to the various Boards of Health appointed by the colonial government to protect St John's from the spread of contagious diseases from infected overseas ports. As was the case with ports elsewhere in British North America, the business community was always reluctant to have quarantine established at the port because of the disruption in local shipping that would naturally follow such a ban. However, the losses due to quarantine had to be balanced against the catastrophic decline in trade that a reputation as an infected port would bring. Again, the cost of maintaining quarantine militated against its establishment other than in the most extreme instances. While the owners of vessels entering St John's paid a tonnage fee at the quarantine inspection station, the government paid part of the operating expenses of a Board of Health, the public providing the remaining funds through voluntary subscriptions. Expectedly, the composition of the Boards of Health appointed by the government during the nineteenth century generally consisted of representatives of the Executive Council,

the St John's Chamber of Commerce, the medical profession and the magistracy. In addition to maintaining the quarantine station under the supervision of a port medical health officer, whose salary was paid for by the government, the Board of Health was also usually responsible for cleaning the town's streets and providing residents with lime for their houses. As soon as public officials considered St John's to be free of any possible threat from infected ports overseas, the Board of Health was quickly disbanded, although a constant vigil over shipping at the port was maintained by the medical health officer.

On the basis of his experience in fighting a cholera epidemic in 1854 which, according to Governor Ker Baillie Hamilton, resulted in about 500 deaths in St John's. In July, 1855, District Surgeon Dr Samuel Carson urged upon Little's Liberal Government the appointment of a permanent Board of Health or a health officer, with authority to have patients afflicted with serious disease removed to the hospital if the attending medical practitioner recommended such action. During the cholera epidemic, the inability of the Board of Health to do this had resulted in a further spreading of the disease, for many sufferers had refused to go to the hospital, knowing how many deaths were occurring there.⁸ The outbreak of a major typhus epidemic in 1866 in the town and the subsequent public pressure brought to bear by the Roman Catholic Bishop of St John's, John T. Mullock, and by the town's medical doctors prompted the legislature later in 1866 to broaden the authority of the *ad hoc* Boards of Health. Thus, a Board was empowered to enable its officials to remove any person known to have a communicable disease from his dwelling house or vessel to a hospital if a medical practitioner certified the transfer.⁹

By 1888, then, St John's had yet to have either a permanent Board of Health or a medical officer with specific duties to look after the general health of the town. The need for this public health service was clearly made evident when diphtheria, a frequent visitor to the town, struck with great fury in 1888 and continued to be epidemic until 1892. In mid-1888 the town's Board of Health informed the government that the Medical Society considered 'St John's more free from infectious disease than for a great many previous years - more free than ever in their experience.' In fact, the Society was highly confident that the Board, which had been appointed in October 1887, had successfully contained a recent outbreak of diphtheria among several infected persons. However, concealment of the disease by the poor who had contracted it had actually made any detection of diphtheria by the medical and Board of Health authorities difficult. The reason for such concealment, Board Chairman J.G. Conroy later noted in March 1889, was the 'self-interest' of the labourer 'whose daily wage is his all, to the supreme motive of self-preservation.' In one instance, Conroy had observed, a woman whose children had diphtheria hid knowledge of the disease from her sister, the latter's children being frequent visitors to the infected household.¹⁰ Despite the widespread practice of concealment, by late 1888 the Board of Health was successful in uncovering

273 cases of diphtheria which affected 99 families in the town and resulted in 67 deaths. The full fury of the diphtheria epidemic did not strike until the following year; then, for 1889, the Board of Health had 1,881 cases reported to it affecting 878 families and resulting in 350 deaths. For 1890 and 1891 the number of deaths was 133 and 140 respectively. By April 1892, when diphtheria had all but disappeared from St John's, the number of deaths for the first three months of that year was 23.¹¹

In response to the outbreak of diphtheria, the Board of Health was given additional authority to deal with infectious disease. In 1889 legislation was passed to enable the Board of Health to have a doctor visit any person sick or suspected of having a communicable disease, if that person was known by the Board not to have been visited by a doctor. A penalty not to exceed fifty dollars was to be levied against any person interfering with a medical visit ordered by the Board. Again, every medical doctor was required under penalty to report immediately to the Board on every case of communicable disease treated by him. Finally, the 1889 Public Health Act allowed the Governor-in-Council to appoint a medical health officer for the town, his duty being to advise the Board of Health in all matters pertaining to public health. The term of office of this new official was for the life of the Board itself.¹² The first medical health officer appointed under this act in February 1890 was Dr Philip T. Hubert, a 23-year-old Newfoundlander. Hubert's salary was to be determined by the amount of work he did as requested by the Board of Health. His tenure in office was shortlived for Hubert soon contracted diphtheria himself and died in July 1891.¹³ No immediate successor was made to replace him and in April 1892, the Board of Health itself was disbanded, the government now being confident that diphtheria was no longer a health problem in St John's. However, Magistrate Daniel W. Prowse, who, following a change of government in 1889, had replaced Conroy as chairman of a new Board that had been appointed on 14 February 1890 and was retained in office on salary as chairman, becoming in effect a one-man Board of Health.¹⁴

In June of that year the legislature passed further legislation amending the 1889 Public Health Act to allow for the appointment of a public health officer where there was no Board of Health in place. This new officer would have the same authority as that of the Board of Health itself.¹⁵ With this change, on 7 September 1892, Prowse was appointed the first Public Health Officer for St John's when cholera once more threatened to spread to the town from overseas.¹⁶ Prowse held this position until December 1895 when, for financial reasons following the collapse of the Island's banking system and the colonial treasury nearing bankruptcy, the government gave the position to Dr Kenneth D. McKenzie. A 49-year-old native of Prince Edward Island and an 1877 graduate of the Halifax Medical College, McKenzie had first come to Newfoundland in 1877 to work as a physician for a local mining company operating outside St John's. At the time of his appointment, McKenzie had been engaged by Prowse as Medical Health Officer for St John's.¹⁷

In addition to the duties involved in the establishment of quarantine at the port and the maintenance of proper sanitation of the town's streets, McKenzie attempted to keep a close vigil on the state of the public health in St John's and published occasional newspaper reports of his findings.¹⁸ Although he received an annual salary of six hundred dollars from the colony for occupying the offices of both Public Health Officer and Medical Health Officer, the salary was, nonetheless, small and he was not able to work at both positions full time. In any case, besides having a busy private practice in the town, McKenzie was also preoccupied by the time he devoted to his other publicly-salaried offices of District Surgeon and Assistant Visiting Surgeon to the Hospital.¹⁹ He held both offices of Public Health Officer and Medical Health Officer until 6 May 1897, when for health reasons, he was replaced by Dr Alexander Stewart Pike. Pike, in turn, in December of that year gave way to Dr Alfred Joseph Harvey, whose appointment was no doubt influenced by a change of government a month earlier.²⁰ Harvey held the two positions until 1901 when McKenzie was reappointed by the Liberal Government (1900-1909) of Robert Bond which had won the election the previous year. This time McKenzie's tenure in both offices was short. On Christmas Eve, 1902, he died of apoplexy.²¹

McKenzie's successor on 10 January 1903 was a fellow Maritimer, 32-year-old Dr Robert Almon Brehm. A Nova Scotian and Dalhousie University medical graduate, Brehm had come to Newfoundland in the 1870s with his father who had been hired to manage a St John's butter factory.²² In response to the outbreak of a smallpox epidemic in St John's in May 1903, the Bond Government appointed a Board of Health consisting of colonial and municipal politicians and medical doctors to deal with the situation, which saw Brehm, however, retained in the office of Medical Health Officer to the new Board. It was this Board which, in October 1903, called upon the government to increase the salary of the Medical Health Officer and broaden his responsibilities with regard to the public health of St John's. What was needed, according to this Board, was a medical officer who could regularly examine the town's drainage and water systems, food supply and who could quarantine houses where communicable diseases were known to exist. Since St John's needed a system for the registration of deaths and their causes, the holder of this office would need training in bacteriology and pathology. For a doctor to assume the position it had in mind, the Board informed the government, the salary offered should be at least \$2,400 per annum.²³ In part, the Board pressed for the appointment of such an official because of the poor quality of meat and milk it found offered for sale to residents. The Board also had had considerable difficulty in its efforts to have a local dwelling condemned as a health hazard, despite its obvious unworthiness until the owner was first compensated for its destruction.²⁴ The Board, no doubt, was also influenced by Dr Brehm who, since his appointment, had been making a private study of the public health systems in Canada and England.²⁵

The following year the Board of Health's request for a full-time medical health officer received the strong support of

Newfoundland's new Governor, Sir William MacGregor. A Scottish-born physician, MacGregor took an immediate interest in improving the administration of public health institutions and urged the Bond Government to allot more funds for public health. One suggestion MacGregor had in mind was the establishment of a public laboratory at the Hospital where research could be carried out on the diagnosis of diseases.²⁶ In January 1905, the Bond Government finally acted on the various representations and asked the Municipal Council to appoint a medical health officer for the town and to pay his salary and define his duties.²⁷ Although Council saw the need for such an official, it was hesitant to make an appointment on the conditions laid down by the government. Council was not only unwilling to pay the full salary, but feared that the government might make it responsible for the cost of medical relief in the event of an epidemic in the town.²⁸ In April 1905, a compromise was reached: government would remain responsible for epidemic relief and donate annually the amount of \$600 towards the salary of the medical officer; for its part Council would pay the new officer \$800 and define the duties of his office.²⁹ This, however, was not the end, for in June the government changed its mind on the grounds that the salary proposed was too small to induce any doctor to take the position.³⁰ Finally, in November, Council and government agreed to a salary of \$2,000, half to be contributed by each party.

Not surprisingly, the first Medical Health Officer appointed under the 1905 arrangement was Dr Brehm whose responsibility was to the Municipal Council, but he also had general colonial responsibilities, reporting on these to the Executive Council.³¹ In 1906 the Bond Government established a public laboratory, in which Brehm was to do his investigative work, and opened a fever hospital for the reception of persons having infectious diseases.³² Until 1934 Brehm and a few laboratory assistants represented the whole of the government's public health service. In that year the Commission of Government, which took office on 16 February 1934 in place of the previous elective form of government in Newfoundland, consisted of the following: three appointed representatives from the United Kingdom and three from Newfoundland under the chairmanship of the governor. This Commission established a separate public health department for the Island. As for Brehm, he remained the health officer for both capital and dominion until 1936 when he was retired by the Commission of Government, but not by Council.³³ Consequently, after 1936, both levels of government continued to employ their own medical health officer, but the Commission's Department of Public Health and Welfare was to play a more active role in the public health field in St John's.

Acknowledgement

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NOTES

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3. Melvin Baker, 'The Government of St. John's, Newfoundland, 1800-1921' (PhD thesis, University of Western Ontario, 1981), 31-3.
4. Baker, *Aspects*, 18-19.
5. Baker, 'Disease and Public Health Measures in St. John's, 1832-1855,' *Newfoundland Quarterly*, 78:4 (Spring, 1983), 26.
6. *Newfoundland Express*, 16 February & 6 August 1856.
7. Baker, 'Disease and Public Health Measures' 26-9; and *Gazette*, 8 May 1866, 11 July 1871.
8. Newfoundland, *Journal of the House of Assembly*, 1855, Appendix, 192-4.
9. Baker, 'The Government of St. John's,' 206-7.
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11. *Evening Telegram*, 19 October 1892.
12. *Statutes of Newfoundland*, 52 Victoria, Cap. 13.
13. PANL. GN2/1, Outgoing Correspondence of the Colonial Secretary's Office, Robert Bond to Dr Philip T. Hubert, 18 February and 15 March 1890; and *Evening Telegram*, 15 July and 22 July 1891.
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15. *Statutes of Newfoundland*, 55 Victoria, Cap. 3.
16. PANL, GN9/1, Minute of Executive Council, 7 September 1892.
17. *Ibid.*, 8 December 1895. See also *Daily News*, 27 December 1902 and *Evening Telegram*, 29 December 1902.
18. *Evening Telegram*, 19 January 1897; and PANL, GN9/1, Minute of Executive Council, 14 August 1896.

19. *Newfoundland Blue Book*, 1896, 100.
20. PANL. GN9/1, Minutes of Executive Council, 6 May and 21 December 1897.
21. *Daily News*, 27 December 1902; and *Evening Telegram*, 29 December 1902.
22. *Newfoundland Who's Who*, 1930 (St John's, 1930), 239.
23. *Daily News*, 15, 19, 22 October 1903.
24. *Ibid.*
25. *Daily News*, 15 March 1906.
26. R.B. Joyce, *Sir William MacGregor* (Melbourne, 1971), 300-14; and PANL, GN1/3A, Governor's Office, Despatch No. 163, Report of the Hospital Commission, 1905.
27. St John's Municipal Council Minute Book, 27 January 1905 (located at St John's City Hall).
28. *Ibid.*, 4 March 1905.
29. *Ibid.*, 17 April 1905.
30. *Ibid.*, 30 June 1905.
31. *Ibid.*, 24 November, 15 and 30 December 1905; 17 May 1906. See also PANL, GN9/1, Minute of Executive Council, 18 December 1905.
32. Joyce Nevitt, *White Caps and Black Bands: Nursing in Newfoundland to 1934* (St John's, 1978), 80-2, 85-6.
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